

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>003283</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R-C</b> <b>06/18/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>COUNTRY CHARM VILLAGE LLC</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>7212 US HWY 31 S</b> <b>INDIANAPOLIS, IN 46227</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
{R 000}	<p>INITIAL COMMENTS</p> <p>This visit was for a Post Survey Revisit (PSR) to the State Licensure Survey completed on May 9, 2012.</p> <p>This visit was in conjunction with a PSR to the Investigation of Complaint IN00103841 completed on March 12, 2012.</p> <p>Survey Date: 6/18/2012</p> <p>Facility number: 003283 Provider number: 003283 AIM number: NA</p> <p>Survey Team: Beth Walsh, RN-TC Courtney Mujic, RN</p> <p>Census Bed Type: Residential: 72 Total: 72</p> <p>Census Payor Type: Other: 72 Total: 72</p> <p>Sample: 3</p> <p>Country Charm Village LLC was found to be in compliance with 410 IAC 16.2, in regard to the PSR to the State Licensure Survey.</p> <p>Quality review completed on June 19, 2012 by Bev Faulkner, RN</p>	{R 000}			

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TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

Y01612

If continuation sheet 1 of 1